## MULTIPLE DEPENDENT CLAIM FEE CALCY ATION SHEET (FOR USE W FORM PTO-875)

10/531849 #5 JUL 2009

## CLAIMS

	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT			AS F	ILED		TER NOMENT	Al 2 dan
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.
1		<b>_</b>				<b> </b>	51					
2		/					52					
3							53			· ·		
4		3					54					
5		<del>-/-</del> -					55					
7		-/-					56					
		2					57					
9		4	<b>!</b>				58		ļ			
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11		7	<del> </del>	<b> </b>			60					
12		/				<del> </del>	61					
13							63		· .			
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15		-/-			-		65	-		-		
16		//			<del></del>		66					<b></b>
17		2				<del>-</del>	67		<del>                                     </del>			
18		22			1		68		2			
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42		ļ	<del> </del>		<b> </b>	<b> </b>	92		<b> </b>			
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49				<del>  </del>		<del> </del>	100					
50_	11	1	<b> </b>	B		<u>.</u>	TOTAL IND.		IL		4	
	21	<b>→</b>		<b>—</b>		<b>4</b>	TOTAL DEP.		4		4	
TAL DEP.	111						TOTAL					
AIMS	111	A 200 A 200	•	1.1		200 E-520	CLAIMS		32.5		10. 11.57	